

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90166 012 \*\*\*150.00

**DOCUMENT # P00000027472**

1. Entity Name

**INSURANCE REPORTING ASSOCIATES INC.**

Principal Place of Business

**1513 WEST BROADWAY ST  
 OVIEDO FL 32765**

Mailing Address

**1513 WEST BROADWAY ST  
 OVIEDO FL 32765**

2. Principal Place of Business

**4111 Metric Drive**

3. Mailing Address

**4111 Metric Drive**

Suite, Apt. #, etc.

**Suite 3**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Winter Park**

City & State

**Winter Park**

Zip

**32792**

Country

**Orange**

Zip

**32792**

Country

**Orange**

6. Name and Address of Current Registered Agent

**BRONKIE, CHRIS  
 1513 WEST BROADWAY ST  
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name **BRONKIE, CHRIS**  
 Street Address (P.O. Box Number is Not Acceptable) **4111 Metric Drive Suite 3**  
 City **Winter Park** **FL** **32792**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**CHRIS BRONKIE**

(NOTE: Registered Agent signature required when reinstating)

**4-18-02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRONKIE, CHRIS 413 BLUEJAY WAY ORLANDO FL 32828</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BRONKIE, DEBORA L 413 BLUEJAY WAY ORLANDO FL 32828</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Chris Bronkie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-02 407-365-0504**

Date

Daytime Phone #

CR2E034 (9/01)